



County of Los Angeles
CHIEF ADMINISTRATIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION • LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://cao.co.la.ca.us>

DAVID E. JANSSEN
Chief Administrative Officer

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

September 16, 2005

To: Supervisor Gloria Molina, Chair
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: David E. Janssen
Chief Administrative Officer

**MOTION TO SUPPORT SB 739 (SPEIER) -- HOSPITAL INFECTION CONTROL
(ITEM NO. 5, AGENDA OF SEPTEMBER 20, 2005)**

Item No. 5 on the September 20, 2005 Agenda is a motion by Supervisor Antonovich to support SB 739 (Speier) and send a five-signature letter to members of the State Assembly expressing the Board's support for the bill.

SB 739, as amended on August 30, 2005, would require hospitals to participate in hospital-acquired infection reporting systems. Hospitals would be required to adopt, implement, and annually evaluate a written infection control program for the surveillance, prevention and control of hospital-acquired infections. SB 739 authorizes the California Department of Health Services (CDHS) to inspect hospitals and require a hospital to submit a plan of correction if deficiencies are found. The bill requires hospitals to report data on selected infections, infection control process improvement measures, and infection rate trends to the Office of Statewide Health Planning and Development (OSHPD) by January 1, 2008. This reporting requirement would sunset five years after implementation. SB 739 establishes a panel to advise OSHPD on reporting requirements, and requires OSHPD to determine a method and timeline for hospitals to collect and publicly report data on hospital-acquired infections by January 1, 2007. Inclusion of personally identifiable information in any data made available to the public is prohibited.

According to the Federal Centers for Disease Control and Prevention (CDC), about 90,000 people die each year from infections they contract while in hospitals, infections that add nearly \$5 billion to health care costs nationwide. The Little Hoover Commission published a report in 2002 on the State's public health system which found that 8,400 deaths were

attributable annually to hospital-acquired infections. According to reports published in 2003 in the Journal of Hospital Infection, improved infection control practices can reduce the spread of hospital-acquired infections by 10 percent to 70 percent.

Proponents assert that reporting and measuring the incidence of hospital-acquired infections and providing consumers with comparative data will improve patient care and quality, thereby reducing costs related to infections.

Opponents indicate that the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) is currently developing standards on prevention of hospital-acquired infections that are expected to be implemented in 2005, and contend that the infection control measures in SB 739 are unnecessary and will be inconsistent with JCAHO requirements. Further, opponents note that SB 739 will increase hospital costs and require hospitals to use infection control resources and staff to collect infection data in areas that are not problematic for a specific hospital, resulting in an ineffective use of scarce resources.

The author indicates in a recent Assembly Appropriations Committee analysis that, although a surveillance methodology to track hospital-acquired infections is readily available through the CDC, California's hospitals do not use a uniform methodology. Hospitals are required to have an infection control plan in place, but they do not routinely report data on infections to any State agency and no data is publicly available. The author cites study findings that hard-to-treat and potentially life-threatening infections are increasingly leaving the hospital setting and moving into the community. The author also asserts that the provisions of SB 739 are entirely compatible with the standards currently being developed by JCAHO.

The Department of Health Services (DHS) is in the process of developing a comprehensive voluntary plan in cooperation with private hospitals in Los Angeles County to begin making public the rate of hospital infections and information about outbreaks by hospital, and to implement surprise random inspections to ensure compliance. **DHS recommends support for public disclosure of information on health-care associated infections in a manner that would assist consumers to consider healthcare options, and indicates that a State-wide system would best accomplish this goal, and we concur.** Support for SB 739 is consistent with Board support for the establishment of a system of reporting hospital-acquired infections within Los Angeles County.

SB 739 is sponsored by the author and supported by the American Federation of State, County, and Municipal Employees; California Association of Professionals in Infection Control and Epidemiology Coordinating Council; California Medical Association; CalPERS; Consumers Union; Kaiser Permanente; Older Women's League; and Service Employees

Each Supervisor
September 16, 2005
Page 3

International Union. It is opposed by the California Hospital Association and Adventist Healthcare Coalition.

SB 739 is on the Assembly inactive file and is now a two-year bill.

DEJ:GK
MAL:JF:MS:hg

c: Executive Officer, Board of Supervisors
County Counsel
Department of Health Services